

APPLICATION FOR ENERGY ASSISTANCE

Check the boxes for all programs applying for (only one application is needed for all programs)

☐ Weatherization: insulation, caulking, furnace check, etc. and/or electric efficiency services

☐ EUSP: bill assistance: help with future electric costs

☐ EUSP: arrearage retirement: help with past due electric bills incurred before July 1, 2000

☐ MEAP: assistance with heating costs

PLEASE PRINT ALL INFORMATION

1. _____
Social Security Number:

Street Address (if different from mailing address)

Name

Mailing Address (where your mail is delivered)

City, State, Zip

Home phone number:

Other phone number:

☐ work ☐ friend ☐ relative

(Check one) ☐ Apartment or Multi-Family ☐ Double, Row or Townhouse ☐ Single Family Home ☐ Mobile Home

(Check one) ☐ Homeowner ☐ Renter* ☐ Roomer/Boarder*

*If you rent: Do you receive reduced rent through help from HUD or subsidized housing? ☐ Yes ☐ No

2. **RENTERS ONLY** Is heat included in the rent? ☐ Yes ☐ No

Landlord's Name/Apartment Complex:

Landlord's Mailing Address:

City:

State:

Zip:

Landlord's Phone Number: ()

OFFICE USE ONLY

FED ID/SS#

Date Returned

3. Fill in all spaces below for **ALL** household members (list yourself first).

TOTAL NUMBER OF HOUSEHOLD MEMBERS IS _____ .

Please use the following choices for "Race":

1. African American

2. White

3. Hispanic

4. Asian or Pacific Islander

5. Native American or Alaskan Native

6. Multi-Racial

7. Other

FIRST and LAST NAME	SOCIAL SECURITY NUMBER	BIRTHDATE M/D/Yr	Relation to Applicant	Sex M/F	Race Code	Amer. Cit. (Yes or No)	Disabled (Yes or No)	List all types of income	30-day Gross Income
1		/ /	APPLICANT						
2		/ /							
3		/ /							
4		/ /							
5		/ /							
6		/ /							
7		/ /							

4. ELECTRIC COMPANY INFORMATION

My electric company is _____

Account Number _____ The name on the account is _____

I want to participate in the Utility Service Protection Plan to prevent winter shut-offs by giving me even monthly payments: ☐ Yes ☐ No

I have turn-off notice from this company: ☐ Yes ☐ No My service is turned off now: ☐ Yes ☐ No

If you have selected a alternate electric supplier, list the name below:

My alternate electric supplier is _____

5. HOW ARE YOU HEATING YOUR HOME AT THIS TIME? Check only one box for your main heating source.

☐ Electricity ☐ Utility Gas ☐ Propane ☐ Oil ☐ Kerosene ☐ Coal ☐ Wood

FUEL IS PURCHASED FROM: Your MEAP will be sent to the supplier you list below.

Supplier's Name _____

Account Number _____ The name on the account is _____

UTILITY GAS CUSTOMERS ONLY

Gas Supplier Name _____ Gas Account Number _____

I want to participate in the Utility Service Protection Plan giving me even monthly payments: ☐ Yes ☐ No

I have turn-off notice from this company: ☐ Yes ☐ No My service is turned off now: ☐ Yes ☐ No

If you have selected a different gas supplier, list the name below:

My other gas supplier is _____

6. The applicant or proxy must sign this application before it can be processed.

I declare that the information provided to OHEP is true, correct and complete. I understand that when this application is signed,

Permission is given: 1) for the Office of Home Energy Programs (OHEP) to check all household income, bank accounts, housing expenses, insurance and any other benefits; 2) for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application; and 3) for my gas/electric company or other agency giving a service/benefit to have information on this application given to them and/or received from them.

An appeal can be filed to change the decision on this application or if help is not given in a reasonable time. The appeal must be filed within 15 days of the decision. The local agency will tell me how to file. Free legal advice is available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

Applicant's Signature and Date

OFFICE USE ONLY:

COUNTY	CENTER	DATE RECEIVED	INTAKE WORKER SIGNATURE	DATE
# in HH	TOTAL INCOME	SUB / HUD <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFIER SIGNATURE	DATE
WORKER'S COMMENTS				
	MEAP	EUSP BILL ASSISTANCE	EUSP ARREARAGE	MEAP CRISIS CODE
ANNUAL USAGE				
BENEFIT AMOUNT				POVERTY LEVEL
DENIAL CODE				